

Provider Report



Fax within ten days of results to 802-657-4208. Or mail to:

Ladies First, Vermont Department of Health, PO Box 70, Drawer 38, Burlington, VT 05402

Patient name (first, last): _____ Date of birth (mm/dd/yyyy): ____/____/____

Date of service (mm/dd/yy): ____/____/____ Practice name: _____

Provider name: _____ Provider phone number: () _____ - _____

Purpose of visit:

☐ New patient screening ☐ Established patient screening ☐ New problem ☐ Recall ☐ Short term F/U ____ mos. ☐ Other

HEART HEALTH SCREENING

A. Clinical Measurements

Height: ____ in. Weight: ____ lbs. BMI: ____

Waist: ____ in. Hip: ____ in.

☐ Patient refused ☐ Unable to obtain

Blood pressure

Two blood pressure readings are required.

A single measurement does not provide an accurate assessment of a patient's blood pressure. For more reliable results, at least two readings should be taken a few minutes apart.

First reading: ____/____ mm/Hg

Second reading: ____/____ mm/Hg

☐ Patient refused ☐ Unable to obtain

≥180/≥110: Immediate treatment required.

Blood pressure mm/Hg diagnosis:

Prehypertension	SBP 120–139 or DBP 80–89
Stage 1	SBP ≥140–159 or DBP ≥90–99
Stage 2	SBP ≥160 or DBP >100

Is medication adherence for hypertension a priority area for this patient? ☐ Yes ☐ No ☐ N/A

Glucose & cholesterol

Was patient fasting for 9 hours? ☐ Yes ☐ No

If not fasting, Hgb A1C should be tested instead of blood glucose.

Blood work

☐ Blood drawn on site ☐ Patient refused ☐ Unable to obtain

☐ Patient sent to Lab. Location: _____

Results

Glucose: ____ mg/dl or A1C: ____

☐ Patient refused ☐ Unable to obtain

≤50 mg/dl or ≥250 mg/dl: Immediate treatment required.

Glucose mg/dL (Fasting)	A1C %
Prediabetes 100–125	Prediabetes 5.7–6.4
Diabetes ≥126	Diabetes ≥6.5

Lipid profile

Total cholesterol: ____ mg/dl HDL: ____ mg/dl

LDL: ____ mg/dl Triglycerides: ____ mg/dl

☐ Patient refused ☐ Unable to obtain

B. Risk Reduction Counseling Guidance

- Reviewing participant's screening and health risk assessment results.
- Assuring that participant understands her CVD risk as compared to other women her age.
- Identifying goals and strategies to support goals (e.g., Ladies First lifestyle programs, health coaching and other healthy behavior support options).
- Arranging follow-up for women with uncontrolled hypertension.

Risk reduction complete? ☐ Yes ☐ No

Were screening results provided to member both verbally and in writing? ☐ Yes ☐ No

Check all topics addressed:

- | | |
|---|--|
| <input type="checkbox"/> Nutrition/diet | <input type="checkbox"/> Physical inactivity |
| <input type="checkbox"/> Overweight/obesity | <input type="checkbox"/> Elevated blood pressure |
| <input type="checkbox"/> Tobacco cessation | |

HEART HEALTH SCREENING, continued

If the patient smokes, did you refer her to 802Quits?

☐ Yes ☐ No ☐ N/A

Healthy behavior support options

Is this patient a candidate for one of Ladies First's weight management lifestyle programs?

☐ Yes ☐ No

If no, is this patient a candidate for health coaching?

☐ Yes ☐ No

Ladies First can provide home blood pressure monitors and support with blood pressure self-monitoring to appropriate candidates. Is this patient a candidate for home blood pressure monitoring?

☐ Yes ☐ No

Examples of community-based resources to support physical activity and healthy food choices include:

- | | |
|---|---|
| <input type="checkbox"/> Recreation departments | <input type="checkbox"/> Gardening programs |
| <input type="checkbox"/> Local parks | <input type="checkbox"/> Farmers' markets |
| <input type="checkbox"/> Walking/biking trails | <input type="checkbox"/> Nutrition classes |
| <input type="checkbox"/> Mall walking programs | |

Was this patient referred by you to a local community-based resource to promote healthy eating or physical activity?

☐ Yes ☐ No

If yes, which resource(s)?

C. Alert Value Follow-up

Schedule medical follow-up within seven days of screening for medical evaluation and treatment.

☐ **ALERT BLOOD PRESSURE** SBP >180 or DBP>110 mm/Hg

As a result of this reading (check all that apply):

- ☐ Medication was started or adjusted
- ☐ Lifestyle modifications discussed
- ☐ Work-up completed
- ☐ Follow-up visit scheduled (mm/dd/yy): ____ / ____ / ____
- ☐ Follow-up: work-up by alternate provider

Providers demonstrating that a plan of care was established in response to a Ladies First BP alert value may reimburse for an additional \$40. Please use CPT code 0513F.

☐ **ALERT BLOOD GLUCOSE** ≤50 or ≥250 mg/dL

As a result of this reading (check all that apply):

- ☐ Medication was started or adjusted
- ☐ Lifestyle modifications discussed
- ☐ Work-up complete
- ☐ Follow-up visit scheduled (mm/dd/yy): ____ / ____ / ____
- ☐ Follow-up: work-up by alternate provider

D. Ladies First Case Management Available

For any alert results above highlighted in red, contact the Ladies First Case Manager at 1-800-510-2282.

Provider referred to: _____

Date referred (mm/dd/yy): ____ / ____ / ____

BREAST EXAM & SCREENING

A. Breast Health History

Date of last CBE (mm/dd/yy): ____ / ____ / ____

☐ Normal ☐ Abnormal ☐ Unknown

Date of last mammogram (mm/dd/yy): ____ / ____ / ____

☐ Normal ☐ Abnormal ☐ Unknown

Last menstrual period (mm/yy): ____ / ____

of breast biopsies: ☐ 0 ☐ 2 ☐ 3 or more

of years HRT use: ☐ 0 ☐ 2 ☐ 3 or more

☐ Augmentation (mm/yy): ____ / ____

☐ Reduction (mm/yy): ____ / ____

Risk assessment and referral

If patient answers "Yes" to at least one of the seven questions below about family history of cancer, the patient should be referred for genetic counseling.

FSH-7 Questions

1. Did any of your first-degree relatives have breast or ovarian cancer? ☐ Yes ☐ No
2. Did any of your relatives have bilateral breast cancer? ☐ Yes ☐ No
3. Did any man in your family have breast cancer? ☐ Yes ☐ No
4. Did any woman in your family have breast and ovarian cancer? ☐ Yes ☐ No
5. Did any woman in your family have breast cancer before the age of 50 years? ☐ Yes ☐ No
6. Do you have two or more relatives with breast and/or ovarian cancer? ☐ Yes ☐ No
7. Do you have two or more relatives with breast and/or bowel cancer? ☐ Yes ☐ No

Total "Yes" responses = ____

If >1 "Yes," refer patient to a Familial Cancer Program at:

University of Vermont Medical Center

in Burlington, Vermont

- For questions about genetic risk assessment and testing services: (802) 847-4495
- To schedule an appointment: (802) 847-8400
- Genetic Counselor: Wendy McKinnon, MS

Dartmouth Hitchcock Medical Center

in Lebanon, New Hampshire

- Call: (603) 653-3541
- Email: familial.cancer@Hitchcock.org

B. Clinical Results

Clinical breast exam date (mm/dd/yy): ____ / ____ / ____

CBE site: _____

CBE not done today:

☐ Not needed - previous normal CBE in past 12 months

☐ Patient refused

☐ Other (reason): _____

Does patient report breast symptoms (e.g. a lump, nipple discharge, skin changes, erythema/swelling, rash, scaling, breast pain or other)? ☐ Yes ☐ No

Findings

☐ Normal exam

☐ Benign finding

☐ Discrete palpable mass
(dx probably benign;
repeat exam in 3-6 mos.)

☐ Discrete palpable mass
(suspicious of cancer;
immediate work-up)

☐ Bloody/serous nipple
discharge

☐ Nipple or areolar scaliness

☐ Skin dimpling or retraction

Follow-up for abnormal finding (mm/dd/yy): ____ / ____ / ____

Symmetry: ☐ Yes ☐ No

Discrete mass

Shape: ☐ round ☐ oval ☐ irregular

Margins: ☐ well-defined ☐ ill-defined

Size: ☐ <5 mm ☐ 5-9 mm ☐ 1-2 cm ☐ 3-4 cm ☐ >4 cm

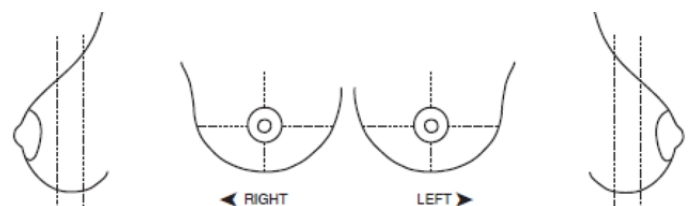
Texture: ☐ soft ☐ firm ☐ rubbery ☐ hard

Mobility: ☐ fixed ☐ mobile

Other: _____

Lymph nodes

	Axillary		Clavicular			
			Supra		Infra	
	R	L	R	L	R	L
WNL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enlarged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fixed	<input type="checkbox"/>	<input type="checkbox"/>				
Mobile	<input type="checkbox"/>	<input type="checkbox"/>				



scar: +++ palpable mass: • dimpling: /// uncertain thickening: =

BREAST EXAM & SCREENING, continued

Date of mammogram (mm/dd/yy): ____ / ____ / ____

Mammogram results (check one box only)

<input type="checkbox"/> Category 0: Incomplete Need additional imaging evaluation and/or prior mammograms for comparison	Recall for additional imaging and/or comparison with prior examinations	N/A
<input type="checkbox"/> Category 1: Negative	Routine mammography screening	Essentially 0% likelihood of malignancy
<input type="checkbox"/> Category 2: Benign	Routine mammography screening	Essentially 0% likelihood of malignancy
<input type="checkbox"/> Category 3: Probably benign	Short-interval (6-month) follow-up or continued surveillance mammography	> 0% but ≤ 2% likelihood of malignancy
<input type="checkbox"/> Category 4: Suspicious <input type="checkbox"/> Category 4A: Low suspicion for malignancy <input type="checkbox"/> Category 4B: Moderate suspicion for malignancy <input type="checkbox"/> Category 4C: High suspicion for malignancy	Tissue diagnosis	> 2% but < 95% likelihood of malignancy > 2% to ≤ 10% likelihood of malignancy > 10% to ≤ 50% likelihood of malignancy > 50% to < 95% likelihood of malignancy
<input type="checkbox"/> Category 5: Highly suggestive of malignancy	Tissue diagnosis	≥ 95% likelihood of malignancy
<input type="checkbox"/> Category 6: Known biopsy-proven malignancy	Surgical excision when clinically appropriate	N/A

☐ Not indicated

☐ Indicated but not performed

Recommended dates of next exam if NOT immediate:

CBE (mm/dd/yy): ____ / ____ / ____

Mammogram (mm/dd/yy): ____ / ____ / ____

C. Ladies First Case Management

For any results above highlighted in pink, contact the Ladies First Case Manager at 1-800-510-2282.

Provider referred to: _____

Date referred (mm/dd/yy): ____ / ____ / ____

CERVICAL EXAM & SCREENING

A. Cervical Health History

Date of last pelvic exam (mm/dd/yy): ____ / ____ / ____

☐ Normal ☐ Abnormal ☐ Unknown

Exam Site: _____

Date of last Pap test (mm/dd/yy): ____ / ____ / ____

☐ Normal ☐ Abnormal ☐ Unknown

Pap Lab Site: _____

Date of last HPV Test (mm/dd/yy): ____ / ____ / ____

☐ Normal ☐ Abnormal ☐ Unknown

HPV Lab Site: _____

History is performed as part of routine screening, and should be repeated annually since risk factors for cervical cancer change over time.

Confirm if:

- ☐ sexually active
- ☐ parity (number of all births)
- ☐ last menstrual period
- ☐ contraceptive methods used
- ☐ hormonal drug use
- ☐ history of chemotherapy and radiotherapy
- ☐ present gynecological problems: abnormal vaginal discharge, post-coital bleeding, intermenstrual bleeding and post-menopausal bleeding
- ☐ history of sexual abuse
- ☐ immunodeficiency or HIV infection (follow USPHS guidelines, e.g. Pap twice in first three years after diagnosis; if normal, annually thereafter)
- ☐ DES exposure in utero
- ☐ history of smoking
- ☐ history of sexually transmitted diseases, particularly HPV
- ☐ history of non-adherence of recommended medical care
- ☐ history of CIN II/III or cervical cancer

B. Clinical Results

Date of pelvic exam (mm/dd/yy): ____ / ____ / ____

- ☐ Suspicious for cervical cancer
- ☐ No findings related to cervical cancer
- ☐ Not done - repeating Pap

Pelvic site: _____

Date of Pap test (mm/dd/yy): ____ / ____ / ____

Pap test results (check one box only)

- ☐ Negative (within normal limits; includes infection)
- ☐ Unsatisfactory Cytology
- ☐ Cytology NILM but EC/TZ absent/Insufficient
- ☐ Normal Cytology/HPV Positive
- ☐ ASC-US
- ☐ ASC-US or LSIL: Age 21-24
- ☐ LSIL
- ☐ ASC-H
- ☐ ASC-H and HSIL: Age 21-24
- ☐ HSIL
- ☐ AGC
- ☐ Not indicated per cervical screening guidelines
- ☐ Not indicated - short term colposcopy (leave clinical section blank)
- ☐ Indicated but not performed
- ☐ Vaginal Pap - hysterectomy due to cervical neoplasia/cancer

Pap lab site: _____

Date of high risk HPV test (mm/dd/yy): ____ / ____ / ____

☐ Negative ☐ Positive ☐ Indeterminate

Type of test: ☐ Screening ☐ Surveillance

HPV lab site: _____

Recommended date of next exam

if NOT immediate (mm/dd/yy): ____ / ____ / ____

C. Ladies First Case Management

For any results above highlighted in teal, contact the Ladies First Case Manager at 1-800-510-2282.

Provider referred to: _____

Date referred (mm/dd/yy): ____ / ____ / ____

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